

Home and Community Based Waiver Upcoming Changes Effective July 1, 2005

Kentucky Medicaid Provider
Teleconference Workshop
June 21, 2005



Home and Community Based Waiver

ASSESSMENT SERVICES

Home and Community Based Waiver

The Home and Community Based (HCB) Waiver **assessment** must be completed within seven (7) calendar days from receipt of the doctor's verbal or written order.

Home and Community Based Waiver

The Home and Community Based (HCB) Waiver **assessment services** shall include a comprehensive assessment which shall:

- Identify the HCB recipient's needs and the services that an HCB recipient or family cannot manage or arrange;
- Evaluate the HCB recipient's physical health, mental health, social supports, and environment;
- Be requested by an individual requesting HCB waiver services, a family or legal representative of the individual, the individual's physician, a physician's assistant, or an ARNP;

Home and Community Based Waiver

- An assessment team is comprised of two (2) registered nurses (RN's) **or** an RN and a qualified social worker, certified psychologist with autonomous functioning, licensed psychological practitioner, licensed marriage and family therapist (LMFT) or licensed professional clinical counselor (LPCC).

Home and Community Based Waiver

- An assessment shall include at least one (1) face-to-face contact with the HCB recipient and, if appropriate, the family. This contact shall be conducted by a member of the assessment team in the HCB recipient's home.

Home and Community Based Waiver

- **Providers will be allowed twenty-one (21) days to submit the assessment packet (increased from 14 days).** The assessment packet must be complete prior to submitting to the PRO. Any missing information on the assessment packet will be returned by the PRO for corrections. This will NOT give an extension to the twenty-one (21) days. However, if all the required information is completed with the submission of the packet then a prior authorization will be issued.
- On initial assessments, an HCB Waiver packet received more than sixty (60) calendar days after the date of the assessment shall be returned unreviewed and a new assessment packet shall be completed and resubmitted to the PRO.

Home and Community Based Waiver

REASSESSMENT SERVICES

Home and Community Based Waiver

The HCB Waiver **reassessment** service:

- Shall be performed at least every twelve (12) months or more often, if indicated by a change in the recipient's condition;
- Shall determine the continuing need for HCB waiver services;
- Shall be conducted using the same procedures as for an assessment service;
- Shall be conducted no more than 21 days prior to the expiration of the current level of care certification.

Home and Community Based Waiver

- If more than sixty (60) calendar days have elapsed since the end of the previous certification period, the recipient shall be considered to be terminated from the HCB Waiver program. In order for the recipient to be readmitted to the HCB Waiver program the HCB Waiver Provider shall follow the steps for an initial admission.

Home and Community Based Waiver

Assessment & Reassessment Packets:

- A completed packet shall include the MAP-351A and the MAP 109-HCBW. The packet must be submitted within twenty-one (21) calendar days of receipt of the verbal level of care from the PRO;
- Any packet received after the twenty-one (21) calendar day timeframe will not be backdated and the prior authorization will be effective on the date the packet is received by the PRO;
- Medicaid will not reimburse for a service provided during a period that an HCB recipient is not covered by a valid level of care certification and prior authorization.

Home and Community Based Waiver

- Additional information regarding assessment and reassessment can be found in the HCB Waiver Program Service Manual.
- Providers may obtain a copy of this manual by calling 800-807-1232 and requesting a copy.

Home and Community Based Waiver

CASE MANAGEMENT

Home and Community Based Waiver

- Case Management shall be a system under which a designated qualified individual is responsible for location, coordination and monitoring a group of services.
- Effective case management is the management and coordination of the delivery of all services to the HCB Waiver recipient. These services include direct HCB Waiver recipient services provided by the HCB Waiver Provider as well as all other services included in the recipient's plan of care, transportation, volunteer services, informal support services, physician or clinic visits. It may also include arranging for drugs, supplies or related medical equipment.

Home and Community Based Waiver

- A quality case management system eliminates fragmentation and duplication of patient services; ensures the continuity of necessary services; monitors all aspects of patient care; observes changes in condition or unmet needs; ensures the most appropriate and cost-effective patient care; facilitates a close and positive relationship with the HCB Waiver recipient; and, affords the recipient and legal representative the security that a qualified individual understands their needs and will assist them as needed.

Home and Community Based Waiver

Case Manager Qualifications and Responsibilities:

- The case manager shall be an RN, LPN, a qualified social worker, a certified psychologist with autonomous functioning, a licensed psychological practitioner, a licensed marriage and family therapist (LMFT) or a licensed professional clinical counselor (LPCC). **Case managers shall have intensive knowledge of the recipient, family and the community.**
- The case manager shall be responsible for locating the needed available resources. These resources may be formal health and social agencies or informal family and community supports.

Home and Community Based Waiver

The case manager has the responsibility to:

- Bring the HCB Waiver recipient's needs to the attention of the appropriate referral source and to the appropriate HCB Waiver Provider staff;
- Coordinate, manage and monitor the delivery of services to the HCB Waiver recipient including working with the family and other informal caregivers;
- Have regular contact with each HCB Waiver recipient either by telephone or by home visits (all contacts shall be documented in the recipient's medical record);

Home and Community Based Waiver

The case manager has the responsibility to:

- Link HCB Waiver recipients with informal community services (e.g., neighborhood helping networks, churches, schools, civic organizations, volunteers, etc.) to maximize the use of community resources;
- Promote family involvement in meeting the health care needs of the HCB Waiver recipient;
- Consult as needed with others involved in the provision of services;

Home and Community Based Waiver

The case manager has the responsibility to:

- **Actively participate** in the care planning processes; and
- **Seek alternative arrangements** as the HCB Waiver recipient's needs dictate.

Home and Community Based Waiver

- Each HCB Waiver recipient shall have at least one (1) case management contact per month to assess the service delivery. The contact may be made by telephone or face-to-face. However, **a face-to-face contact with the HCB Waiver recipient shall be made at least every other month.** The face-to-face contact with the HCB Waiver recipient may be made while the recipient is at the Adult Day Health Care Center (ADHC).

Home and Community Based Waiver

- Case management shall be face-to-face or direct telephone contact with the recipient or with resources. Group conferences shall **not** be billable as case management services.
- The case management shall be documented in the medical record to include the reason for the case management service and a reflection of its impact upon the HCB Waiver recipient's plan of care. There shall also be documentation of the service provided and the actual time for each billable service.
- A case manager shall be designated in each HCB Waiver recipient's clinical record. The HCB Waiver recipient must know the name of their assigned case manager.

Home and Community Based Waiver

CARE PLANNING

Home and Community Based Waiver

Care planning results in the development of a plan of care that shall:

- Be completed on the MAP 109-HCBW
- Reflect the needs of the HCB Waiver recipient;
- List goals, interventions and outcomes as related to the HCB Waiver recipient's identified needs;

Home and Community Based Waiver

Care planning results in the development of a plan of care that shall:

- Be in place prior to the provision of services;
- Specify the services needed by the recipient;
- Determine the amount, frequency, and duration of services;

Home and Community Based Waiver

Care planning results in the development of a plan of care that shall:

- Contain provisions for reassessment at least every twelve (12) months;
- Have input from other persons which may include other professionals and home health aides;
- Be reviewed, signed and dated by the attending physician, PA, or ARNP; and

Home and Community Based Waiver

Care planning results in the development of a plan of care that shall:

- Be submitted to the department within twenty-one (21) calendar days of receiving the department's verbal approval of nursing facility level of care.
- Units for care planning on prior authorizations will be adjusted accordingly.

Home and Community Based Waiver Services:

- HCBW Assessment Services
- Case Management
- Respite
- Adult Day Health Care
- Homemaker Services
- Personal Care Services
- Attendant Care Services
- Minor Home Adaptation